MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.		FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3		2				
4		2				
5		2				
6		2				
7	1					
8	1					
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TOTAL IND.	4					
TOTAL DEP.	16					
TOTAL CLAIMS	20					

		IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							